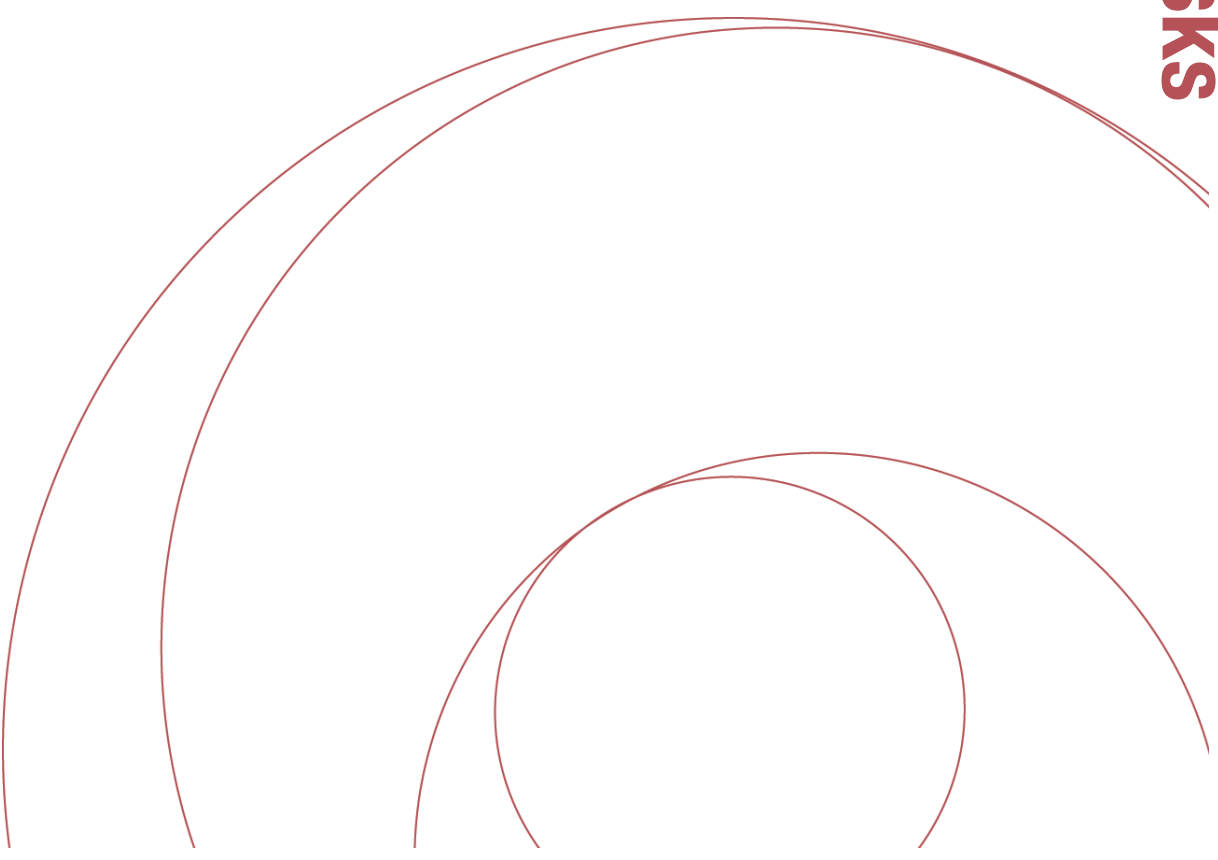


# Behavioral Health Risks



### V. BEHAVIORAL HEALTH RISKS

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Wisconsin's state public health plan focuses not on specific diseases but on underlying causes of health, illness, injury, premature death, and disability in the population. These underlying determinants of health status include individual, environmental, social, and cultural factors. Individual factors, which include lifestyle behaviors, influence adverse health outcomes through complex interactions with other biological, social, and environmental factors.

This section provides prevalence estimates of Wisconsin racial/ethnic populations for several of the behavioral risks that contribute to adverse health outcomes, including cigarette smoking, alcohol use, physical inactivity, and overweight/obesity. While the data constitute important information about differences in individual behaviors that affect health, they also describe differences that members of racial/ethnic group experience in exposure to risk factors, such as smoking, physical inactivity, or high-fat diets, including access to resources that support risk-reduction.<sup>1</sup>

#### A. Tobacco Use

- Smoking is the leading cause of preventable death and disease. It is a risk factor leading to deaths and disability from lung and other forms of cancer, heart disease, asthma, and lung disorders. Smoking is a risk factor for increased problems during pregnancy, including premature birth and low birthweight.
- Annually, nearly 7,350 Wisconsin adults die prematurely as a result of their tobacco use. Residents, including many children, are also involuntarily exposed to secondhand tobacco smoke resulting in an estimated 1,200 additional deaths each year.<sup>2</sup>

- Over \$1.58 billion a year is spent on healthcare costs associated with tobacco use in Wisconsin.<sup>2</sup>
- Cigarette smoking, as well as other forms of tobacco use, is an addiction with complex biochemical, social, political, and behavioral interrelationships.<sup>3</sup> Recognizing this, Wisconsin's plan to identify and eliminate tobacco-related disparities includes identifying and promoting population-specific interventions.

#### Adult Smoking

- Based on results from the Behavioral Risk Factor Survey during 1996–2000, about half of Wisconsin American Indians over the age of 18 reported smoking cigarettes, which was higher than for other groups.
- The proportion of white Wisconsin adults (aged 18 and older) who reported smoking cigarettes was 23%, which was one of the lowest reported rates.
- Twenty-two percent of Asians reported smoking cigarettes. Although this was the lowest reported rate, the relatively wide confidence interval indicates the proportion of Asians who smoke cigarettes was not significantly lower than for other groups.
- The proportions of adults in other groups who reported smoking cigarettes were African Americans, 27%, and Hispanics/Latinos, 27%; these proportions were not statistically different from the white population.

**Table 50: Current cigarette smoking by race/ethnicity, adults aged 18 and over, Wisconsin, 1996–2000**

	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	All Wisconsin
Number in sample	n=878	n=125	n=122	n=243	n=10,166	n=11,461
Percent	27%	51%	22%	27%	23%	24%
Confidence Interval (C.I. ±)	(3)	(8)	(7)	(6)	(1)	(1)

Source: Wisconsin Behavioral Risk Factor Surveillance System, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information.  
Table prepared by the Division of Public Health.

Notes: Current cigarette smoking refers to adults who reported smoking at least 100 cigarettes in their lifetime, and who currently smoke now, either “everyday” or “some days.”

C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

### Youth Smoking

- Decreasing smoking among youths is a major state and national public health objective. Prevention among youths is critical since most smoking begins before reaching adulthood.
- Surveys of Wisconsin middle-school students (grade 6 to 8) indicated the proportion of youths who reported smoking cigarettes. For the combined years 2000–2003, 9% of all surveyed middle-school students indicated smoking at least one day of the 30 days preceding the survey.
- The highest rates of smoking among middle-school students were reported by Hispanics/Latinos (19%) and American Indians (17%).
- Similar proportions of African American, Asian, and white youths reported smoking cigarettes, which were between 8% and 10%.

**Table 51: Current cigarette smoking by race/ethnicity, middle-school youths, Wisconsin, 2000–2003**

	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	All Wisconsin
Number in sample	n=552	n=173	n=256	n=216	n=4,732	n=6,193
Percent	8%	17%	10%	19%	9%	9%
Confidence Interval (C.I. ±)	(3)	(6)	(4)	(5)	(2)	(1)

Source: Wisconsin Youth Tobacco Survey, 2000–2003, of middle-school youths (Grades 6–8).  
Table prepared by the Division of Public Health.

Notes: A current cigarette smoker is defined as an individual who smokes at least one day of the 30 days preceding the survey.

C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

## V. Behavioral Health Risks

### B. Alcohol Use

- Chronic drinking is a risk factor for liver cancer and other liver disease; alcohol use during pregnancy can harm the developing baby. Both acute drinking and “drinking and driving” increase the likelihood of injuries from car accidents, falls, and other causes.
- In Wisconsin, the highest proportion of chronic alcohol drinking and drinking while driving was reported in the white population.
- Acute alcohol drinking by adults in Wisconsin was most frequently reported by American Indians, Hispanics/Latinos, and whites. Significantly fewer African Americans and Asians reported acute alcohol use.

**Table 52: Alcohol use by race/ethnicity, adults aged 18 and over, Wisconsin, 1996–2000**

	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	All Wisconsin
<b>Chronic Alcohol Drinking<sup>1</sup></b>						
Number in sample	n=875	n=122	n=124	n=240	n=10,085	n=11,373
Percent	2.3%	2.1%	1.8%	2.9%	5.5%	5.3%
Confidence Interval (C.I. ±) <sup>2</sup>	(1)	(4)	(2)	(2)	(1)	(1)
<b>Drinking and Driving<sup>3</sup></b>						
Number in sample	n=883	n=124	n=124	n=242	n=10,162	n=11,463
Percent	3.4%	2.3%	1.2%	3.3%	5.2%	5.1%
Confidence Interval (C.I. ±)	(2)	(2)	(2)	(2)	(1)	(1)
<b>Acute Alcohol Drinking<sup>4</sup></b>						
Number in sample	n=875	n=122	n=124	n=241	n=10,131	n=11,419
Percent	14%	26%	12%	26%	25%	25%
Confidence Interval (C.I. ±)	(2)	(7)	(5)	(5)	(5)	(1)

Source: Wisconsin Behavioral Risk Factor Surveillance System, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information.  
Table prepared by the Division of Public Health.

Notes: <sup>1</sup>“Chronic Alcohol Drinking” refers to adults who reported consuming 60 or more alcoholic drinks in the past month.

<sup>2</sup>C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

<sup>3</sup>“Drinking and Driving” refers to adults who reported driving after having too much to drink one or more times in the past month.

<sup>4</sup>“Acute Alcohol Drinking” refers to adults who reported consuming 5 or more alcoholic drinks on one or more occasions in the past month.

## C. Physical Inactivity and Overweight

- Physical inactivity and being overweight contributes to diabetes, heart disease, colon cancer, high blood pressure, osteoporosis, and arthritis, as well as the negative symptoms associated with mental health conditions such as depression and anxiety.
- Statewide and for all racial/ethnic groups, more than 50% of Wisconsin adults indicated no regular participation in physical activities. About 65% of African Americans indicated no regular physical activity, compared with 55% of Hispanics/Latinos, and 52% of whites.
- Wisconsin's Asian population reported the lowest proportion (35%) of overweight or obese adults. All other groups reported more than half of adults as obese or overweight; the highest proportion reported by African Americans (65%).

**Table 53: Physical inactivity and overweight by race/ethnicity, adults aged 18 and over, Wisconsin, 1996–2000**

	African American	American Indian	Asian	Hispanic/Latino	White	All Wisconsin
<b>Physical Inactivity<sup>1</sup></b>						
Number in sample	<i>n</i> =659	<i>n</i> =71	<i>n</i> =80	<i>n</i> =240	<i>n</i> =10,085	<i>n</i> =11,373
Percent	65%	*	*	55%	52%	53%
Confidence Interval (C.I.±) <sup>2</sup>	(3)	*	*	(8)	(1)	(1)
<b>Overweight/Obesity<sup>3</sup></b>						
Number in sample	<i>n</i> =883	<i>n</i> =123	<i>n</i> =123	<i>n</i> =239	<i>n</i> =9,924	<i>n</i> =11,199
Percent	65%	55%	35%	59%	56%	56%
Confidence Interval (C.I. ±)	(3)	(9)	(9)	(6)	(1)	(1)

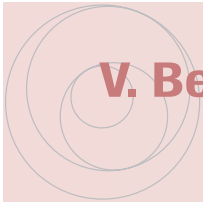
Source: Wisconsin Behavioral Risk Factor Surveillance System, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information.  
Table prepared by the Division of Public Health.

Notes: <sup>1</sup>"Physical Inactivity" refers to adults who reported performing: (a) no leisure-time physical activity, or (b) one or more physical activities for less than 20 minutes, or fewer than 3 times per week.

<sup>2</sup>C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

<sup>3</sup>"Overweight/Obesity" refers to adults who are overweight based on self-reported height and weight. For each respondent, a Body Mass Index (BMI) was calculated: weight in kilograms divided by height in meters squared. Females with BMI greater than or equal to 27.3 and males with BMI greater than or equal to 27.8 are considered overweight.

\* The size of the sample (less than 100) was considered too small to produce reliable results.



## V. Behavioral Health Risks

### Notes

1. Casper ML, Barnett E, Halverson JA, Braham VE, Majeed ZA, Bloom AS, Stanley S. *Women and Heart Disease: An Atlas of Heart Disease Mortality*, 2nd ed. Morgantown, WV: Office for Social Environment and Health Research, West Virginia University; 2000. p. 30.
2. Wisconsin Department of Health and Family Services, University of Wisconsin Comprehensive Cancer Center, American Cancer Society, Wisconsin Tobacco Control Board. *The Burden of Tobacco in Wisconsin*. Madison, WI: DHFS, Division of Public Health; 2002.
3. Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*, 2nd ed. Washington, DC: American Public Health Association; 1998. p.117.